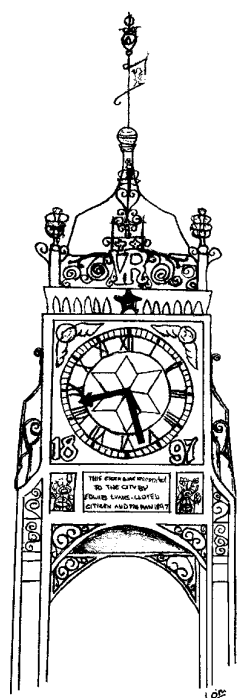


Chester chronicles

The golden nugget



EASTGATE CLOCK, CHESTER

There are two hospitals here in Chester. One is the Countess of Chester NHS Health Park—which is a bit of a misnomer really, because one of the few things you can't actually do here is park! The other one is private—called the Grosvenor Nuffield Hospital. This is, however, often more fondly referred to as the "Golden Nugget" by those who frequent it (frequently) and deliver a service unparalleled in the NHS. Now don't get me wrong, I really am bitter and twisted, but those of us who work in genitourinary medicine have been singularly unsuccessful in creating waiting lists of sufficient longevity to promote a healthy private practice.

Of course, half the problem is us and not promoting our specialty the way others do. For example, one of the commonest conditions we see in our specialty is non-specific urethritis. For God's sake, who on earth came up with such a simple, rational, and logical name for what could have been a big money spinner? If the dermatologists had invented the condition, they would have called it something like "urethritis incognito circumspecta dubioso,"—that is, urethritis of unknown origin, acquired under dubious circumstances. Now, patients would be more than happy to pay large sums of money to have their UICD treated, as opposed to boring old NSU.

I have to, of course, be honest and admit that I have hovered round the hallowed halls of the "Golden Nugget," patiently waiting for the odd crumb from the gynaecological or urological table. Unfortunately, when the occasional scrap is tossed my way, it usually transpires that the patients have used up their "free call time" from their BUPA scheme, and all further bills and consultations have to be paid for out of their own pocket, many months and reminders later!

It's also often the case that these castoffs from the more glamorous specialties turn out to be the heart sink patients from hell. They usually have a diagnosis ending in "dynia,"—that is, prostatodynia, vulvodynia, or just plain lifeodynia. An hour long consultation with one of these unfortunate people can leave

me wanting to lie down in a darkened room for the rest of the day! Some of the more delusional patients can be quite scary too. You know the ones who are convinced they must have got something because they "stepped out of line" once about 10 years ago, and now they are permanently smitten with a sexual guilt complex, on a par with that of an Irish catholic educated by the Christian brothers. The rustling sound of a plastic shopping bag during the consultation is one that should strike fear into every GU doctor. Inevitably, the bag contains a carefully collected pair of grey or "off white" Y-fronts, with the inevitable skid mark at the rear, and an unfathomable patch of discoloration at the front, which is proudly displayed as "evidence of the chronic discharge." Even protestations indicating total submission,—that is, "I believe you, I believe you, please don't open that bag—I don't need to see it" have no effect. The offensive undergarment must be produced, and arranged on the leather topped mahogany desk ready for scrutiny.

Finally, one of the hazards of being down at the "Golden Nugget" is being reluctantly drawn into idle conversation with mid-winter tanned consultant colleagues over their most recent exotic holiday. I usually lurk in the background during the detailed discussion of which is the best kind of ski wear for the exquisite slopes of Chamonix, but I once found myself suggesting that the tough plastic refuse sacks we use in the clinic are the best—that is, they don't tear easily as you are hurtling down the snowy hillocks at Loggerheads just over the Welsh border. I could see the look of horror on their faces as they contemplated the carnage as O'Mahony and his four kids whizz by in bright yellow plastic sacks, bearing those distinctive red letters

DANGER
CLINICAL WASTE
FOR INCINERATION ONLY

COLM O'MAHONY

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